



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **HIPAA DOCUMENTATION AND RECORD RETENTION**

**Effective Date:** August 1, 2003

**Policy #:** HI-18

**Page 1 of 3**

- I. PURPOSE:** This policy addresses the documentation and record retention requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- II. POLICY:** Montana State Hospital (MSH) will maintain documentation required for HIPAA compliance and will store such documentation for a period of a minimum of six years and three months. Documentation that is no longer required may be destroyed in a manner appropriate to Protected Health Information (PHI)
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
  - A. The Director of Information Resources is the designated MSH Privacy Officer and will ensure appropriate documentation is maintained and destroyed as required by HIPAA.
- V. PROCEDURE:**
  - A. MSH will document all necessary policies for HIPAA compliance and will make all policies and procedures available to employees who deal with PHI in their work.
  - B. MSH will inventory all equipment, hardware and software, and will keep records of maintenance and security testing of such equipment.
  - C. The Health Information Department is responsible for receiving and processing authorizations to disclose PHI. All authorizations will be maintained on file for a period of six years and three months.
  - D. The Health Information Department is responsible for receiving and processing access to PHI. Denial of access to PHI will also be documented by these offices or persons.
  - E. The Health Information Department is responsible for processing requests to amend PHI. These offices will also document any circumstances where amendment was denied.

## Montana State Hospital Policy and Procedure

### HIPPA DOCUMENTATION AND RECORD RETENTION

Page 2 of 3

- F. All MSH personnel who disclose PHI for purposes other than treatment, payment, health care operations, or in response to written authorizations will document such disclosures. The Privacy Officer will be responsible to collect and store such documentation logs for audit purposes. Client request for restrictions to uses and disclosures of PHI will be in writing and will be maintained by the Health Information Department.
- G. MSH will maintain documentation of training regarding privacy and security issues and will document which personnel have received such training and with what frequency.
- H. The Human Resources Department will maintain documentation of sanctions applied to employees for security violations.
- I. The MSH Privacy Officer will document all circumstances where a client has requested and received an accounting of disclosures of PHI.
- J. DPHHS the MSH Business Office will maintain a file of Business Associate Agreements and contracts.
- K. MSH will maintain records of all Notices of Privacy Practices and subsequent changes to those notices.
- L. MSH will keep documentation of the classifications of personnel and their level of access to PHI (See Information Security and Data Access Policy, December 15, 1996).
- M. The Privacy Officer will maintain a file of complaints received and corrective actions taken.

#### Destruction of PHI

- A. When documentation is no longer necessary or is otherwise scheduled for elimination, it will be destroyed in a manner to preserve protection of the PHI.
  - 1. Paper documents will be shredded.
  - 2. Electronic records will be deleted and all back up storage will be erased or destroyed.

**VI. REFERENCES:** The Health Insurance Portability and Accountability Act of 1996; DPHHS HIPAA Privacy Policy #008 titled HIPAA Documentation and Record Retention.

**VII. COLLABORATED WITH:** Hospital Administrator

<b>HIPPA DOCUMENTATION AND RECORD RETENTION</b>	<b>Page 3 of 3</b>
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Page 3 of 3

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 Billie Holmlund Date  
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